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ABSTRACT

Alcoholism is a complex behavior pattern. Social learning theory, which is concerned with the analysis of why individuals behave in certain ways and the effects of reinforcement patterns in their behaviors, offers an alternative to traditional treatments of alcoholics. Among alcoholics, drinking is a control issue. Locus of control is viewed as a measure of the degree of responsibility an individual perceives himself to have over meaningful life events. The Rotter Internal External (I-E) Locus of Control Scale represents the translation of generalized expectancies for locus of control into a measure of specific expectancies dealing with a variety of drinking behaviors. The I-E Scale was completed by 15 alcoholic clients before and after a 6-week treatment program which emphasized process-oriented small group therapy. Subjects were encouraged to take responsibility for making life changes which would increase the probabilities of their sobriety and general social and personal adjustment. Within this specific alcoholic patient population, the results showed a significant shift from externality as measured in the pretest toward internality in the posttest. These findings suggest that the alcoholics' greater internality was a function of exposure to treatment rather than a predisposing personality dimension and that externality was not a fixed trait of the alcoholic population since it was significantly changed following treatment. (Author/NRB)

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Locus of Control in Alcoholics Undergoing Treatment

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Running Head: CONTROL ORIENTATION OF THE TREATED ALCOHOLIC

Abstract

Among alcoholics, drinking is a control issue. Locus of control is viewed as a measure of the degree of responsibility an individual perceives himself/herself to have over meaningful life events. The Rotter (1966) Internal External (I-E) Locus of Control Scale represents the translation of generalized expectancies for locus of control into a measure of specific expectancies dealing with a variety of drinking behaviors. The present study involved 15 alcoholic clients who completed the I-E Scale before and after a six-week treatment program. Within this specific alcoholic patient population, the results showed a significant shift from externality toward internality. It was suggested that the alcoholics' greater internality was a function of exposure to treatment rather than a predisposing personality dimension. It was suggested that externality was not a fixed trait of the alcoholic population since it was significantly changed following treatment.

Locus of Control in Alcoholics Undergoing Treatment

Alcoholism constitutes a complex behavior pattern exhibited by approximately nine to ten million adults in the United States (Witters-Jones & Witters, 1983). Treatment for alcoholics based upon social-learning formulations offers a promising alternative to traditional methods. Within this framework alcohol abuse is viewed as a socially acquired, habitual behavior pattern maintained by reinforcement contingencies. Lefcourt (1966) noted that an internal locus of control, or perceived responsibility for one's behavior, may be a prerequisite of adaptive behavior, and, as such, may be a primary therapeutic goal for alcoholics.

Research in social learning theory concerns itself with the analysis of why individuals behave in certain ways under given conditions and the effects of certain reinforcement patterns in their behaviors. In 1954, Rotter presented the basic formula in social theory that suggested that behavior potential in specific situations is a function of the expectancy that reinforcement will occur and the value of that reinforcement for the individual. Each time an individual's planned behavior is followed by a reinforcer, the individual's expectancy

that the reinforcement is related to that behavior is increased. The reinforcement seems to be contingent upon the person's actions. A history of reinforcements not related to individual effort results in the expectancy that reinforcements are not contingent upon one's own behavior but dependent on an outside source.

The concept of locus of control as developed by Rotter (1966, 1975) refers to the degree to which an individual perceives rewards or reinforcements as contingent upon his own behavior or attributes. Due to differential learning and reinforcement histories, large individual differences are found in control orientation. Individuals having an internal locus of control are characterized by general perceptions that life events and their consequences are directly contingent upon their actions; external individuals perceive life events as determined by external factors such as chance, fate, or powerful others. Rotter's 1954 social learning theory stresses the importance of two variables in predicting an individuals task performance: the expectation one holds that outcomes are controlled by luck or by skill and the value one places on these outcomes. Both Lefcourt (1966) and Rotter (1966) have reviewed the growing literature in this area and have clearly shown the importance of the first factor:

internal control. Lowery (1981) reviewed attribution theory, locus of control and causality and observed that:

> Attribution theorists agree with Rotter's idea that expectations are determined in part by perceived causes of past outcomes. However, research indicates that the causes people ascribe to outcomes tend to fall along several dimensions. In achievement situations, individuals tend to perceive success or failure as due to ability, effort, luck, or task difficulty. Such causes as mood or the effects of outside persons may be ascribed to as well. Causes tend to fall along the dimensions of stability, whether the cause is enduring or variable; locus, whether the cause is internal or external to the person; and control, whether or not the individual has control over the cause. (p. 296)

The expectancies assessed by the I-E scale are important in determining not only future behavior but also a wide variety of personality traits. Personality correlates of locus of control indicate that externally oriented individuals are more depressed, anxious, and psychopathological than are internally oriented subjects (Joe, 1971). It has also been suggested that

individuals with an internal orientation tend to have better impulse control and a greater tendency to utilize constructive and adaptive behaviors. Their adaptive behaviors facilitate greater personal control over both social and interpersonal behavior as well as internal affective states (Joe, 1971).

Alcoholics represent a chemically dependent population in which the concepts of locus of control is of particular theoretical and therapeutic relevance. Alcoholics seem unable to control their drinking behavior and usually seem unable to cope effectively with other areas of living as well. It would therefore seem reasonable for treatment personnel to attempt to modify the alcoholics' generalized expectations of reinforcement toward greater internal locus of control. However, many alcoholics believe they can control their drinking and other problems in spite of contrary evidence. This indicates an unrealistic sense of internal control (Goss and Morosko, 1970) which should be altered. Therefore, research shedding light on the control orientation of alcoholics and the relationship between control orientation and treatment method would be desirable in planning more effective treatment programs for alcoholics.

Oziel and Obitz (1975) compared two detoxification groups and one alcohol rehabilitation group (two-month treatment) and found that the scores on the Internal-External Scale were more internal for alcoholics who had more experience in treatment than those who had less treatment. The clients were obtained from three different facilities whose behavior was sampled cross-sectionally after differing amounts of treatment exposure; there is a possibility that treatment across groups was not equivalently matched.

For the current study, the hypothesis that was examined was whether alcoholics who experienced a six-week treatment program would report, by the Rotter Internal-External (I-E) Scale, an increased sense of internal control. If that occurred, it might suggest greater control of their drinking behavior.

Method

Procedure

The research was conducted at the Alcohol Depedency Treatment Unit at a state hospital located in a southern Indiana city with a population of approximately 130,000.

The Rotter I-E Scale was administered to the clients during group sessions. Fifteen alcoholics successfully completing a six-week rehabilitation program were administered the I-E scale during their

first week in treatment and again the week prior to discharge from the treatment. The means and standard deviations were computed for the pre- and post-tests. A *t*-test for correlated means was used to assess the difference between the two means.

Treatment

This treatment program emphasized process-oriented small group therapy within the broader framework of a therapeutic community. Cognitive-behavioral theories of development and maintenance of alcoholism were presented to help patients focus on the contingencies contributing to their drinking behavior. Patients were encouraged to take responsibility for making life changes which will increase the probabilities of their sobriety and over all social and personal adjustment.

Instrument

The Rotter (1966) Internal-External Locus of Control Scale has 23 forced choice plus 6 fill-in items intended to somewhat disguise the purpose of the scale. There is one general factor which explains 53% of the variance. Research on its reliability produced the following coefficients: internal, .65 to .79; test-retest one-month, .60 to .83; test-retest two months, .49 to .61. Research on its validity yielded correlates with many measures including anxiety,

dogmatism, mistrust, maladjustment, social influence, use of birth control, and smoking. There were limited correlations with intelligence, political affiliation and social desirability. It is scored in an external direction so higher scores mean the person is more external in control orientation.

Participants

The clients were 13 male and 2 female alcoholics admitted to an inpatient treatment program. The clients' mean age was 33. The mean number of years of schooling was 10, and the mode was 12. None of the clients had a primary diagnosis of organic brain syndrome or other psychiatric disorders. All clients volunteered to participate in the research project and were not asked to identify themselves by name to the researcher.

Results

The mean I-E score for the alcoholics their first week in the treatment program was 9.00 with a standard deviation of 3.22. The mean I-E score for the alcoholics their last week in the treatment program was 7.60 with a standard deviation of 2.65. A *t*-test indicated that the difference between these means was significant, $t(14) = 1.84$, $p < .05$.

Discussion

The present findings substantiate previous results that a locus of control becomes significantly more internal after therapeutic intervention. The data clearly supported the hypothesis. Using Rotter's (1966) general norms for comparison, alcoholics entering the treatment program were externally oriented as indicated by the I-E Scale. However, at the conclusion of treatment, the alcoholics' mean scores on the I-E Scale had shifted significantly toward the internal direction. The data demonstrated that alcoholics reported they perceived themselves as being more in control of their behavior in general at the conclusion of the treatment program. This phenomenon was consistent with a treatment exposure hypothesis. It has been demonstrated that alcoholics in treatment programs report they perceive themselves in control of their behavior in general. What is suggested is the possibility that this reported perceived internality on the part of the alcoholics is simply a consequence of exposure to treatment modalities that reinforce verbal indicators of self-motivation and self-control on the part of patients rather than a predisposing personality in the individual alcoholic. Both the present study and that by Oziel and Obitz (1975) point to the possibility that alcoholics

could be a generally "external" population who have learned to conform to the dictates of external authority regarding self-report.

What is suggested in summarizing the implications of these results is that the expectancy of internal control on the part of alcoholics may be a consequence of exposure to treatment modalities that stress the importance of self-motivation and self-control rather than a consequence of a predisposing personality dimension. In conclusion, behavior change that is indoctrinated into the personality of the individual (internal control) rather than short term personality change, seems to indicate the efficacy of the therapeutic treatment program. Therefore the researcher is presuming the Internal-External control orientation of the individual is not a fixed trait; but a trait that can be changed over time as indicated by the present study. A significant shift from externality to internality after treatment was shown.

Finally, such investigations open up the entire area of what treatment modalities, externally oriented or internally oriented, would be most beneficial to pursue with alcoholics. It was found by C. U. Abramorvitz, S. I. Abramorvitz, Robach, and Johnson (1974), that the nondirection approach was more

therapeutic for the internally oriented person, whereas the directive approach was more therapeutic for the externally oriented person. Clarification of such issues however will be dependent upon further research in this area including longitudinal studies.

Possible issues in this regard are being explored. Investigations such as whether alcoholics learn to report internal-type statements but continue to behave in a manner more consistent with an external orientation open up the entire area of what treatment modalities would be most beneficial with alcoholics.

Generalizations from the present data must take into consideration the small number of clients, the use of non-random subjects and the reliance upon client reports.

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Author Notes

This research paper is submitted by Shirley Haley who is a graduate student in counseling. It is submitted in partial fulfillment of the requirements for Counseling 561, Research in Counseling in the School of Education at the University of Evansville. Requests for reprints should be sent to Shirley Haley, 200 Vine, Haubstadt, Indiana 47639.